Warsaw, ____/___/20___

Application no.		Academic year 2022/2023					Warsaw,//20											
Date of receipt	/20					FACULTY SCHOLARSHIP COMMITTEE												
Signature of the person																		
C		ean's office or schol					hip	for	· th	e d	isabl	led						
Faculty																		
Surname		Names			es													
Student record book number			PESEL no.															
Address	1										1							
City		Post code								Citize	nship							
Street		Building number			ber				Flat									
E-mail address		Phone number								Study: full-time/part-time*								
Cycle of study	first / second / PhD student*			Semester of study							Field of study							
Bank account number																		
The total time Date of occurre The document My level of dis Committee's de The scholarship — The scholarship	ence of the disable certifying mysability, acco	isability: y disability is rding to the r ed is not awar	med	llid u	until: certi ause*	ificat	e: m	nild /	' mo	oder		ever	e *	words)			_
Date										sig	nature							

Application

Documents, substantiation

Date

be nun	One should enclose originals or certified copies of documents confirming the disability. The documents should abbred and signed by the student submitting the application. Below, list the numbers of the submitted ents and describe their contents shortly.
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I declar	e that.
1.	I am a disabled person.
2.	I am aware that I am entitled to financial support only in one field of study, at one university only.
3. 4.	I am aware that I am not entitled to the scholarship if I hold the Master's degree or an equivalent degree. I am aware that I am not entitled to the scholarship if I hold the Master's degree or an equivalent degree and if I take up a first-cycle
	programme once again.
5.	I have familiarised myself with the Regulations for Benefits for Students of the Warsaw University of Technology in the academic year 2022/2023.
6.	Aware of the disciplinary and criminal liability for making untrue statements, I declare that all the data provided in the application
7.	and attachments are factually correct. I am aware that if after completing one field of study I continue the study in another field of study, I am not entitled to the scholarship
	unless I continue study after completing first-cycle study to obtain the professional degree of Master or an equivalent one, but the
8.	total time of receiving the benefit may not exceed 6 years. I have familiarized myself with the information on personal data processing in § 34 of the Regulations for Benefits for Students of
	the Warsaw University of Technology in the academic year 2022/2023 and I consent to my personal data processing under the Law
	of 10 May 2018 on Personal Data Processing and internal regulations applicable at the Warsaw University of Technology to conduct the proceedings of granting financial aid, and in the case of granting the aid – in the process of servicing the payment of benefits at
	the Warsaw University of Technology.

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Student's signature